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EXPRESSIVE DISCOURSE IN A COMMUNICATIVE SETTING: A LINGUIST'S LOOK AT SCHIZOPHRENIC SPEECH

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The article is an attempt to approach speech pathology in schizophrenia from the standpoints of discourse analysis and the theory of the subconsciousness. The focus is on the hierarchy of different skills involved in the creation of the discourse and their gradual loss in the course of the disease. The study shows that schizophrenic patients are incapable of successful communication: even in communicative settings, their speech is a manifestation of the expressive mindset.

Key words: discourse analysis, the theory of the subconsciousness, communicative competence, grammatical competence, communicative mindset, expressive mindset.

Стаття являє собою спробу підійти до патології мови при шизофренії з позицій дискурс-аналізу та теорії підсвідомості. Основний акцент робиться на ієрархії різних навичок, необхідних для створення дискурсу та їх поступову втрату протягом захворювання. Дослідження показує, що хворі на шизофренію не можуть успішно спілкуватись: навіть у ситуаціях спілкування, їхня мова є проявом експресивної установки.

Ключові слова: дискурс-аналіз, теорія підсвідомості, комунікативна компетенція, граматична компетенція, комунікативна установка, експресивна установка.

The subject matter of this research is speech pathology in schizophrenia. It has become a tradition to describe schizophrenic speech as abnormal, defective, or bizarre. Yet characterizing something as merely not right does nothing for the understanding of the hidden mechanisms involved in the creation of the speech product. The purpose of the study is to unravel the pathological processes underlying the derivation of a schizophrenic discourse. The investigation is based on speech samples of 48 individuals diagnosed with schizophrenia from the Kiev Clinical Psycho-Neurological Hospital Named after I. P. Pavlov, as well as examples of schizophrenic speech taken from fiction books of modern American authors.

Metaphorically, schizophrenic patients are often described as a book without a cover or a car without an engine. Anything may distract a patient; any stimulus can cause his mind to shift to seemingly insignificant details. Schizophrenic patients are often unable to prevent their own internal content from intruding into speech [9, p. 17]. Below is an example of a schizophrenic's response to the indirect speech act *В доме нет ни куска хлеба*. While the patient interpreted the speaker's communicative intention correctly, he quickly forgot about the assignment at hand.

(1) *Если в доме нет хлеба, то можно пообедать без хлеба. Или он пойдет за хлебом в магазин. Если у него есть деньги, он пойдет за хлебом в магазин, а она будет ждать его дома, как Пенелопа. Если у него нет денег, он пойдет собирать бутылки. Вот, он идет в свете фонаря и видит бутылку. Если на бутылке есть щербинка, то это хорошо, потому что на нее упадет свет фонаря, и ее легче увидеть. Но если на бутылке есть щербинка, ее не примут в сдачу* [17, p. 18].

Up until now, there have been few attempts at analyzing schizophrenic speech from the linguistic point of view. Psychiatrists rarely differentiate between speech and thought disorders [12, p. 84]. Even when they admit that there is speech pathology per se, they limit speech disturbances to the level

of the word. The most commonly recognized types of speech disorders in schizophrenia are mutisms, neologisms, and jargon-like speech [10, p. 34]. This research aims at the analysis of pathological processes that occur on different levels of speech behavior of schizophrenic patients.

This study is important in several ways. First of all, the results of the research may contribute to the general discourse theory. Second, the final conclusions may help to develop a series of therapeutic texts that will help patients to develop healthy speech habits.

Schizophrenia is usually accompanied by severe personality disorders, including an impairment of the capacity to relate to others, that is manifested in a general loss of interest in external events, indifference to others and identity confusion [10, p. 34] It is obvious that schizophrenic patients' communicative competence is also disrupted. Therefore it appears logical to approach the issue from the premises of the discourse analysis, a study that concerns itself with the use of language involving the interaction of speaker and hearer in a specific situational context.

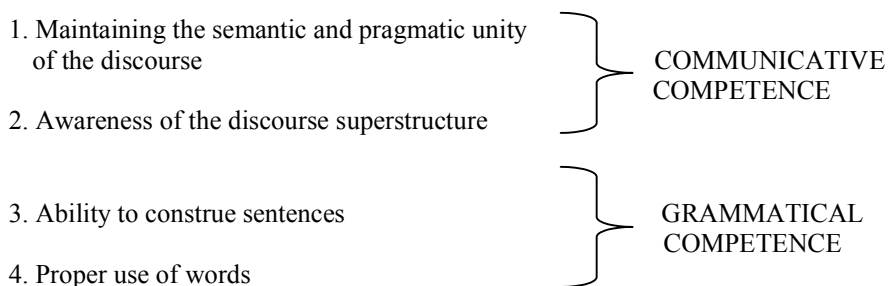
Another approach used in this article is the theory of the subconsciousness. Speech behavior can be described as a conglomeration of actions involving both conscious acts and automatic operations. Once the speaker creates a discourse, he starts high, at the level of the communicative macro-intention then goes down to the intentions of the utterances, and finally, engages himself in multiple semantic, grammatical and phonetic operations that underlie the formation of words and sentences. The higher the level the greater is the involvement of the consciousness. While healthy individuals are usually aware of what they are trying to say, their mind rarely registers what tense forms they use or why they resort to a certain intonation pattern. Things may be completely different with schizophrenic patients. It is not uncommon for a patient to focus on an individual word or phrase, forgetting about the macro-intention of the discourse as a whole.

(2) *Doctor: Did you take a walk with your father?*

Patient: Yes, with the Father, the Son, and the Holy Spirit [10, p. 108].

In (2), the speaker ignores the doctor's question about his activities during the visiting hours preferring to play with the cliché about the Holy Trinity.

The hypothesis of this research is the assumption that speech pathology in schizophrenia is systemic, involving different levels of speech behavior. Listed below is the hierarchy of different conscious and unconscious skills involved in the creation of a discourse.



Picture 1

The two main categories of discourse are semantic unity [11, p. 13] and global communicative intention [7, p. 225]. Therefore the two basic skills comprising the communicative competence can be described as (1) the ability to stay within the same topic and (2) the aptitude to reach the required communicative goal. The discourse is also characterized by a certain structure that is described by Van Dijk as the overall "form" for the overall content [11, p. 16]. The ability to create that superstructure, to adhere to the frames or scripts of the discourse is another skill or rather a series

of abilities geared toward achieving the coherence of the text. Staying within the same script requires less conscious involvement than following the same topic. A text may appear grammatically right, yet not make much sense, see (3).

(3) *I work, Monica, and I think about work, and I freak out about work, and I think about how much I think about work, and I freak out about how much I think about how much I think about work, and I think about how freaked out I get about how much I think about how much I think about work* [18, p. 28].

Therefore the ability to maintain the discourse superstructure is a borderline skill, something that can be positioned between the communicative competence and the grammatical competence

The destruction of the communicative competence is a gradual process. It starts at the top, and as the disease progresses, the lower levels get involved. At the onset of schizophrenia, the individual's communicative competence is only slightly impaired, yet as the disease progresses, the patient's speech becomes more and more bizarre. As the patient's condition worsens, his grammatical competence may also get affected, which makes the construction of sentences and even the proper use of words challenging. The individual's grammatical competence also suffers. At some point, the patient's speech turns into mere gibberish, a phenomenon known as "word salad."

The difference between schizophrenic speech and standard communicative discourse lies in the distribution of conscious and unconscious processes. The mind of a healthy individual focuses on the communicative macro intention of the discourse; the speaker is able to explain what he is trying to say. Individual speech acts (sentences) are also units of communication. They have the status of actions, so the speaker is usually cognizant of the illocutionary force and the perlocutionary effect of the utterance. On the contrary, lower-level skills require less conscious involvement. Unless we speak a foreign language, our mind rarely registers the choice of words, grammar forms, or intonation patterns; neither do we worry about proper articulation. In other words, the lower the skill, the less is the speaker's conscious involvement. However, speech behavior of schizophrenic patients does not follow the standard principle. It is not uncommon for a patient to completely forget what he is trying to say, ignore the addressee and focus on a phrase or word. The person's mind merely wanders in different directions.

Interestingly, the disintegration of the communicative competence follows a specific pattern.

Once a certain skill is lost, the patient starts overcompensating by emphasizing the techniques belonging to the immediate lower level.

In (3), the speaker loses track of the overall topic focusing on the superstructure of the discourse. The pathological process is manifested in the multiple repetitions of the units "think about work," "freak about work." The patient's obsession with the form makes his speech appear overly rhythmical, even to the extent of being monotonous. In psychiatry, this phenomenon is recognized as pedantic or stilted speech [3, p. 67; 9, p. 15]

As the patient's condition worsens, he may lose the ability to stay focused on the superstructure of the discourse. His speech appears incoherent, resembling a string of isolated sentences.

(4) *They said you were a doctor; but so long as you are a cat it is different. My head aches so, so excuse this walking there like an ordinary with a white cat will explain, I think* [17, p. 138–139].

The patient, a young woman, writes a letter to a man she recently met. Even though there is a communicative situation at hand, the girl quickly loses track of whatever she wants to say and gets carried away by loose associations. Even though she uses the word *cat* twice, the repetition is not a cohesive device because the two applications have different referents. In the first sentence, the word *cat* is applied metaphorically, to describe the addressee. In the second sentence, the patient uses the same word in its literary meaning. What we see in (4) is very typical of schizophrenic speech. The patient does not try to bring her point (communicative intention) across, and she does not care about the hearer's expectations (perlocutionary effect). Her focus is on the word *cat* as an isolated entity, as a language unit. The patient's mind is directed inward, toward language as a system: she

merely gets fascinated with the sound and the meanings of the word *cat*. The paragraph may look like a discourse, but it is not, because it has none of the discourse categories. The speaker's communicative intention is not clearly expressed; and the constituting sentences are not connected either semantically or structurally. The young woman does not relate to her addressee; she is clearly in her own inner world; she merely writes for the sake of writing.

Further advance of schizophrenia is manifested in the destruction of the sentence as a communicative unit.

(5) *Mexico is ... the wal-nut. The hazelnut. They ay-corn. Mexico is ... the rain-bow. The main bow is ... wooden. Mexico is ... woo-den* [15, p. 113].

Just like in (4), the individual gets caught in associations based on similarity: *walnut – hazelnut – acorn* and contiguity: *rainbow – wooden*. Yet in (5), we deal with a more advanced stage of schizophrenia, when the patient is only able to focus on isolated words.

Finally, the patient may shift his attention to the constituents of words: morphemes or even phonemes. His focus is on the skills that are usually automatic, unconscious.

(6) *Riverrun, past Eve and Adams I thought the small letter at the start might mean that nothing ever really began all new, with a capital, but that is just flowed on from what came before* [16, p. 128].

The study of schizophrenic discourse clearly indicates that as the disease advances, patients appear more and more incapable of communication. Their discourse falls apart into isolated sentences, words and morphemes.

The obvious question why an individual cannot produce a coherent discourse led us to believe that there is some basic pathological tendency, some governing force that leads the patient astray. It looks as though the impairment occurs on a higher level than the communicative macro intention of the discourse, and namely in the realm of the mindset.

The term “mindset” was introduced by the Georgian psychologist D. Uznadze as one of the categories of the subconsciousness. It is the individual's focus, orientation, or readiness to move in a certain direction, to perform a specific course of action [13, p. 25]. Before engaging in a specific activity, we enter a certain mental state. The inner readiness to act in a certain way leaves an imprint on everything we do. For example, an athlete ready to run a race will be more tense and focused than someone who is about to go to bed. An individual who switches from one language to another moves between two different mindsets. Metaphorically, the mindset is like a spotlight that highlights the system of language in our minds.

Speech behavior may be based on two different mindsets: communicative and expressive [8, p. 14]. Speech situations are traditionally described as acts of communication, which implies that the speaker always shares some information with the addressee. The fact of conversational involvement is usually taken for granted: most scholars suggest that communication requires the coordinated efforts of two or more individuals [5, p. 1]. Yet asserting that every speech act is communicative leaves out a lot of speech samples that are not meant to share information with another person. R. Jakobson described the set (*Einstellung*) toward the message as such for its own sake as the poetic function of language [6, p. 7]. It is obvious that a poet may write merely for the sake of pouring out his soul. The relationship between the poet and the audience is raised into question [4, p. 91]. The tendency is taken to its extreme in modernist poetry. Modernist poets are usually focused inward, which is manifested in stream-of-consciousness writing. Poets may even abandon the traditional sentence structure, jumping from thought to thought, see (7).

(7) *Or I guess the grass is itself a child [...] the produced babe of the vegetation.
Or I guess it is a uniform hieroglyphic,
And it means, Sprouting alike in broad zones and narrow zones,
Growing among black folks as among white,
Kanuck, Tuckahoe, Congressman, Cuff, I give them the same,
I receive them the same* [19, p. 14].

In (7) the poet gets caught in strings of association based on semantic and formal similarity and contiguity. The power of association takes over the logical coherence of the discourse.

The study of schizophrenic speech samples reveals a similar tendency.

(8) Юрик. Ю-рик. “Ю” – это последняя буква алфавита. А “рик” – это крикоподобие. Это вроде как кто-то от какой-то боли, от чего-то закричал [17, p. 76].

The patient was given the assignment to write a story based on the statement *Юрик часто стоит у ворот дачада*. He proved unable to produce a coherent discourse, focusing instead on the constituents of the name *Юрик*. In the patient's mind, the sounds become symbols evoking specific associations that are meant only for the speaker.

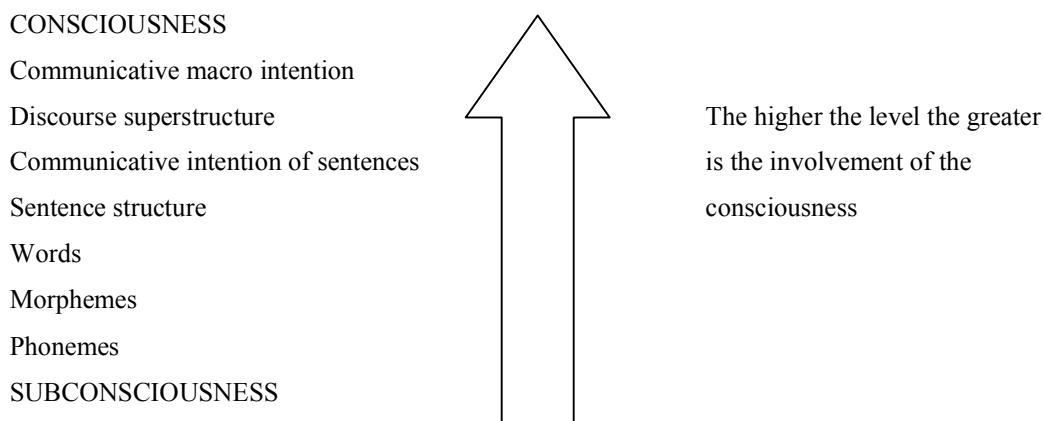
What makes the speech of modernist poets and schizophrenic patients similar is their focus on themselves rather than on the addressee. Both poets and mentally sick individuals get fascinated with the process of speaking itself. They don't communicate anything; they express themselves. The difference between a modernistic poem and a speech sample of a schizophrenic patient is in the spontaneity of the latter. A mentally sick patient is simply unable to speak in a different way. Placed in a communicative setting, with another individual trying to relate to him, the patient either fails to notice the addressee or merely chooses to ignore him. In other word, a schizophrenic creates an expressive discourse yet places it in a communicative setting.

(9) Антонина – это женщина. О, женщина, краса земная, ты носишь рай в себе самой [17, p. 83].

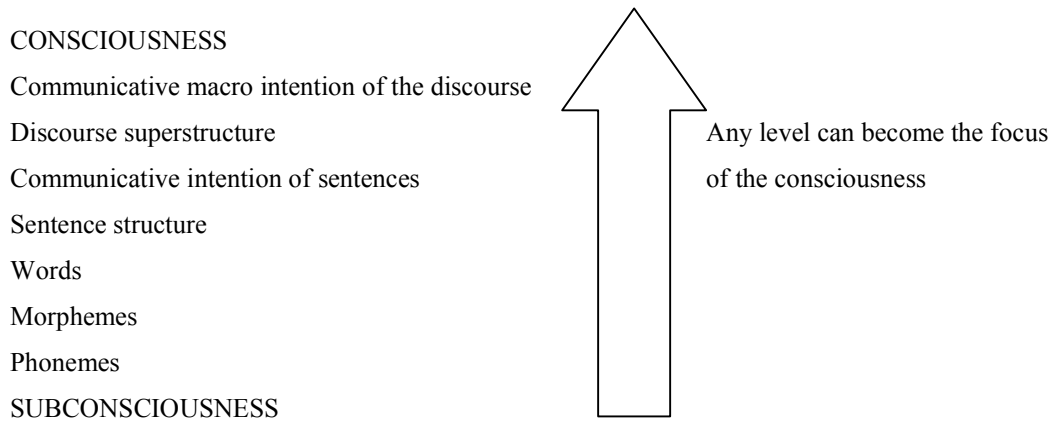
In (9), the speaker focuses on Antonina's gender instead of making up a story based on the sentence *Родилась Антонина Антоновна в Петербурге, в зажиточной аристократической семье*. The patient decides to quote a line from a poem only because his mind wandered in that direction. The hearer's expectations are completely ignored.

The same strategy would appear not only normal but also logical in poetry, where thought may be transformed into sound and the semantic metamorphoses into the phonetic [4, p. 84–85].

Even a casual look at the hierarchy of different skills required for the production of speech clearly shows that there is a different distribution of conscious and unconscious processes in the communicative and expressive discourses. In standard communicative situations, individuals are cognizant of the communicative macro intention of the discourse. On the contrary, mentally sick patients and modernistic poets focus on isolated words or even morphemes.



Pic. 2 HIERARCHY OF SKILLS INVOLVED IN THE CREATION OF THE COMMUNICATIVE DISCOURSE



**Fig. 3 HIERARCHY OF SKILLS INVOLVED
IN THE CREATION OF THE EXPRESSIVE DISCOURSE**

Though similar to schizophrenic speech samples, poetic texts, especially modernistic poems are still completely different. Schizophrenic discourse is a clear example of speech pathology, while poems are works of art: they have been written to be enjoyed and admired.

Further study may include the analysis of other substandard types of discourse: children's speech or suggestive discourse. Besides, even healthy adults who use language for the sake of communication may sometimes fumble with words or sounds, focusing not on the communicative intention of the discourse but on language units as they are. It is up to students of linguistics to find out why speakers often choose to focus on language as a system.

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